

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/806335** FILING DATE **04 JUN 2007**  
 APPLICANT(S) *Mittendorf*

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51						
2				/			52						
3				/			53						
4				/			54						
5			/				55						
6			/				56						
7			/				57						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	4	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓	4	↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS			8				TOTAL CLAIMS						